FORM D		-	HANGE COI	3789/	Es Es	MB Number: spires:stimated averag	April 30, 2008 e burden
	RECEIVED 2006NOTIN	FOR CE OF SALE SUANT TO I	, D.C. 20549 M D OF SECURI REGULATION 6), AND/OR FFERING EX	TIES N D, Emption	Pr	SECU	SE ONLY  049818
Name of Offering (  Issuance of Convertible	check if this is an amer	ndment and name I	nas changed, and i	ndicate change.)			77010
Filing Under (Check box Type of Filing:	(es) that apply): ☑ New Filing	☐ Rule 504 ☐ Amendment	Rule 505	☑ Rule 506	☐ Section	on 4(6) 🔲 U	LOE
		A. BASIC	DENTIFICAT	ION DATA			
1. Enter the information	on requested about the iss	suer					
Name of Issuer [NanoVec, Inc.	check if this is an amen	dment and name h	as changed, and in	dicate change.			
Address of Executive Of 3701 Market Street, Ph			(Number and Stre	et, City, State, Zip Coo	de) Tele	phone Number (I	including Area Code)
Address of Principal Official (if different from Execution)	<b> </b>	CESSED	(Number and Stree	et, City, State, Zip Coo	de) Telej	phone Number (I	ncluding Area Code)
Brief Description of Busi	ness: OCT	2 5 2006 🛭					
_			artnership, already artnership, to be fo		other (	please specify)	
	e of Incorporation or Orga tion or Organization: (Ent	er two-letter U.S. F		Year  0  eviation for State; or other foreign jurisdic	4	⊠ Actual	☐ Estimated
GENERAL INSTRUCTION							<del></del>

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230,501 et seg, or 15 U.S.C. 77d(6).

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.



		A. BASIC I	DENTIFICATION DAT	A	
<ul> <li>Each beneficial own</li> <li>Each executive office</li> </ul>	ne issuer, if the iss ner having the pow cer and director of	uer has been organized wit ver to vote or dispose, or di			a class of equity securities of the issuer; tnership issuers; and
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		☑ Director	☐ General and/or Managing Partner
Full Name (Last name first,	f individual):	Womack, Chad			
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	de): 3701 Market Stree	t, Philadelphia, P.	A 19104
Check Box(es) that Apply:	☐ Promoter	☑ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first,	f individual):	Ben Franklin Techno	ology Partners of Southeas	stern Pennsylvani	a
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	de): 3701 Market Stree	t, Philadelphia, P.	A 19104
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner		□ Director	☐ General and/or Managing Partner
Full Name (Last name first,	f individual): D	Davenport, Gregory			
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	de): 3701 Market Stree	t, Philadelphla, P	A 19104
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☑ Director	General and/or Managing Partner
Full Name (Last name first,	f individual):	Keith, Stephen			
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	de): 3701 Market Stree	t, Philadelphia, P	A 19104
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	f individual):				
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	de):	- · · · · · -	
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first,	f individual):				
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	de):		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first,	f individual):				
Business or Residence Add	ress (Number and	Street, City, State, Zip Coo	de):		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, i	f individual):				
Business or Residence Add	ess (Number and	Street, City, State, Zip Coo	le):		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

						₿. 1	INFORM	IATION	ABOUT	OFFER	ING			
1.	Has the is:	uer sol	ld, or de	oes the is:	suer inten				estors in th lumn 2, if f				☐ Yes	⊠ No
2.	What is the	minim	um inv	estment ti	hat will be	accepted	from any i	ndividual?				······	\$ <u>nc</u>	<u>minimum</u>
3.	Does the o	ffering	permit	joint owne	ership of a	single uni	t?			*************			☐ Yes	⊠ No
4.	Enter the i any comm offering. It and/or with associated	ssion o a perso a state	or simila on to be e or sta	ar remune e listed is ites, list th	ration for s an associ e name of	solicitation ated perso the broke	of purcha on or agent r or dealer	sers in cor t of a broke . If more t	nnection wi er or deale than five (5	th sales of r registere ) persons	securities d with the to be liste	s in the SEC d are		
Fuli	Name (Las	name	first, if i	individual)	)									
Busi	ness or Re	sidence	e Addre	ss (Numb	er and Str	eet, City, S	State, Zip (	Code)	•					
Nam	e of Assoc	ated Br	roker o	r Dealer							-			
State	es in Which (Check "Al											•	· ·	☐ All States
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	RI) 🔲 (S		[SD]	□ [TN]	□ [TX]			□ [VA]	□ [WA]		□ [WI]		□ [PR]	
Full	Name (Las	name	first, if i	individual)	)									
Busi	ness or Re	idence	Addre	ss (Numb	er and Str	eet, City, S	State, Zip (	Code)						
Nam	e of Assoc	ated Br	roker o	r Dealer				н	•••					
State	es in Which (Check "A													☐ All States
			[AZ]								[GA]	☐ [HI]	□ [ID]	
	L] 🔲 (II	] 🗆	[IA]	☐ [KS]	□ [KY]	□ [LA]	☐ [ME]	[MD]	☐ [MA]	☐ [MI]	[MN]	☐ [MS]	[MO]	
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	RI] 🔲 [S		[SD]	□ [TN]	[XT]		[\(\mathbf{L}\)\)	[AV]	□ [WA]	□ [WV]	[WI]	☐ [WY]	□ [PR]	
Full	Vame (Las	name	first, if i	individual)	)							•		
Busi	ness or Re	sidence	Addre	ss (Numb	er and Str	eet, City, S	State, Zip (	Code)						
Nam	e of Assoc	ated Br	roker or	r Dealer										
State	es in Which (Check "Al													☐ All States
<b>□</b> {	AL] [A	<] 🗆	[AZ]	☐ [AR]	[CA]	[CO]		□ (DE)		□ [FL]	☐ [GA]	[HI]	[ID]	
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	M] [TN	E) 🗆	[VV]	□ [NH]	□ [NJ]	□ [NM]	□ [NY]		□ [ND]	□ [OH]		□ [OR]	□ [PA]	
	RI] 🔲 [S	C) 🗆	[SD]	☐ (TN)	[XT] □		[VT]	□ [VA]	□ [WA]				□ [PR]	
					(Use bla	nk sheet, c	or copy and	d use addi	tional copi	es of this s	heet, as r	recessary)		

C. OF	FERING PRICE.	NUMBER	OF INVESTORS,	<b>EXPENSES AND</b>	USE OF PROCEEDS
-------	---------------	--------	---------------	---------------------	-----------------

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security		Aggregate Offering Price		Amount Already Sold
	Debt	<b>\$</b>		<u>\$</u>	
	Equity	\$			
	☑ Common ☐ Preferred				
	Convertible Securities (including warrants)	s	150,000	\$	150,000
	Partnership Interests		<del></del>		
	Other (Specify))		<u> </u>	s	
		_		- <u></u>	450.000
	Total  Answer also in Appendix, Column 3, if filing under ULOE	\$	150,000	<u>\$</u>	150,000
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Number Investors		Aggregate Dollar Amount of Purchases
	Accredited Investors		1	s	150,000
	Non-accredited Investors			- — s	
	Total (for filings under Rule 504 only)				
	Answer also in Appendix, Column 4, if filing under ULOE			- —	
3.	If this filling is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C-Question 1.				
	Type of Offering		Types of Security		Dollar Amount Sold
	Rule 505			<u>\$</u>	
	Regulation A			\$	, . <u></u>
	Rule 504			\$	
	Total	···		\$_	·
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees		🗆	\$	
	Printing and Engraving Costs		🗖	\$_	
	Legal Fees		🛛	\$	10,000
	Accounting Fees		🗖	\$	
	Engineering Fees			\$	
	Sales Commissions (specify finders' fees separately)			\$	
	Other Expenses (identify)			<u>.</u>	
				<u>*</u>	10.000
	Total		×	<u> </u>	10,000

	C. OFFERING PRICE, NUMBER OF INVESTOR	RS, EXPEN	SES	AND US	E OF P	ROC	EEDS	i	
4	b. Enter the difference between the aggregate offering price given in respons Question 1 and total expenses furnished in response to Part C—Question 4.a. 1 "adjusted gross proceeds to the issuer."	This difference					<u>\$</u>		140,000
5	Indicate below the amount of the adjusted gross proceeds to the issuer used or used for each of the purposes shown. If the amount for any purpose is not kno estimate and check the box to the left of the estimate. The total of the payment the adjusted gross proceeds to the issuer set forth in response to Part C – Que	wn, furnish ar Is listed must	ı equal	Oi	yments t Officers, irectors 8 Affiliates			,	nents to thers
	Salaries and fees	[	]	<u>\$</u> _				\$	
	Purchase of real estate			<u>\$</u> _				\$	
	Purchase, rental or leasing and installation of machinery and equipment	t	コ	\$	<del></del>			\$	
	Construction or leasing of plant buildings and facilities	[		<u>\$</u> _				\$	<del></del> .
	Acquisition of other businesses (including the value of securities involve offering that may be used in exchange for the assets or securities of an pursuant to a merger	other issuer	3	\$				\$	
	Repayment of indebtedness		]	\$				\$	
	Working capital		⊠.	<u>\$</u>	140,	000	Ø	\$	140,000
	Other (specify):		3	<u>\$</u> _				\$	
			]	\$				\$	
	Column Totals		⊠.	\$	140,	000_	$\boxtimes$	\$	140,000
	Total payments Listed (column totals added)				$\boxtimes$	\$		140,000	-
	D. FEDERAL S	IGNATURI	=					· · · · · · · · · · · · · · · · · · ·	
COI	is issuer has duly caused this notice to be signed by the undersigned duly authonstitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchatthe issuer to any non-accredited investor pursuant to paragraph (b)(2) of Ryle 5	ange Com/hi\$	If this sion, u	notice is fi pon written	led unde request	Rule ! of its s	505, the	following informatio	signature n furnished
	suer (Print or Type)  anoVec, Inc.  Signature	10 xx	n	R		Da	Date	sherl	U, 2006
	ame of Signer (Print or Type) Title of Signer (Print or Type) President	or Type)							

## **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE
1.		62 presently subject to any of the disqualification ☐ Yes ☑ No
		See Appendix, Column 5, for state response.
2.	The undersigned issuer hereby underta (17 CFR 239.500) at such times as requ	kes to furnish to any state administrator of any state in which this notice is filed a notice on Form D uired by state law.
3.	The undersigned issuer hereby underta	kes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
4.		the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform limited Offering this notice is filed and understands that the issuer claiming the availability of this exemption has the burden we been satisfied.
	ssuer has read this notification and knows thorized person.	ne contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly
	er (Print or Type) oVec, Inc.	Signature Care Scholae Col 20th
Name	e of Signer (Print or Type)	Title of Signer (Print or Type)
Chad	i Womack	President

# Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

				APF	PENDIX						
4		. [	2					5			
1	Intend to non-ac investors (Part B -	to sell ccredited in State	Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of investor and amount purchased in State (Part C Itern 2)						
State	Yes	No	Common Stock	Number of Accredited Investors	Number of Accredited Non-Accredited						
AL											
AK											
AZ											
AR											
CA											
со											
СТ											
DE											
DC			<del></del> -								
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				API	PENDIX							
1		2	3		4							
	to non-a	I to sell ccredited s in State – Item 1)	Type of security and aggregate offering price offered in state (Part C – Item 1)		Type of investor and Amount purchased in State (Part C – Item 2)							
State	Yes	No	Common Stock	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	(Part E -	No			
NY			****									
NC				<del></del> ·								
ND					-							
ОН			•									
ОК												
OR									,			
PA		Х	Common Stock	1	\$150,000	0	\$0		Х			
RI												
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SD			<u> </u>	i					-			
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WV WI	-	<del> </del>	-						ļ			
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PR								1				